

HOUSE No. 907

The Commonwealth of Massachusetts

PRESENTED BY:

Ruth B. Balser and Tricia Farley-Bouvier

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to the continuity of care of mental health treatment.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Ruth B. Balser</i>	<i>12th Middlesex</i>
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>
<i>Carlos González</i>	<i>10th Hampden</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Michael S. Day</i>	<i>31st Middlesex</i>
<i>Kevin G. Honan</i>	<i>17th Suffolk</i>
<i>Angelo M. Scaccia</i>	<i>14th Suffolk</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Bristol and Middlesex</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Liz Miranda</i>	<i>5th Suffolk</i>
<i>José F. Tosado</i>	<i>9th Hampden</i>
<i>Mindy Domb</i>	<i>3rd Hampshire</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>

<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Natalie M. Blais</i>	<i>1st Franklin</i>
<i>Tami L. Gouveia</i>	<i>14th Middlesex</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>

HOUSE No. 907

By Representatives Balser of Newton and Farley-Bouvier of Pittsfield, a petition (accompanied by bill, House, No. 907) of Ruth B. Balser, Tricia Farley-Bouvier and others relative to the continuity of care for mental health treatment. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 484 OF 2017-2018.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

An Act relative to the continuity of care of mental health treatment.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 1 of chapter 176O of the General Laws, as appearing in the 2006
2 Official Edition, is hereby amended by inserting after the definition of “Concurrent review” the
3 following definition:-

4 “Continuing course of treatment”, having at least one visit in the past four months for the
5 same or similar mental health diagnosis or set of symptoms.

6 SECTION 2. Section 15 of said chapter 176O, as so appearing, is hereby amended by
7 striking out the title “Continued treatment by involuntarily disenrolled physicians and providers;
8 specialty health care coverage” and inserting in place thereof the following title:-

9 Continued treatment by out-of-network physicians and providers; specialty health care
10 coverage.

11 SECTION 3. Section 15 of said chapter 176O, as so appearing, is hereby further
12 amended by inserting after subsection (k) the following subsection:-

13 (l) A carrier shall allow any insured who is engaged in a continuing course of treatment
14 with a licensed mental health provider eligible for coverage under the plan, and whose provider
15 in connection with said mental health treatment is involuntarily or voluntarily disenrolled, other
16 than for quality-related reasons or for fraud, or whose carrier has changed for any reason thereby
17 placing the provider out-of-network, to continue treatment with said provider through an out-of-
18 network option, pursuant to the following:

19 (1) The carrier shall reimburse the licensed mental health care professional the usual
20 network per-unit reimbursement rate for the relevant service and provider type as payment in
21 full. If more than one reimbursement rate exists, the carrier shall use the median reimbursement
22 rate.

23 (2) The non-network option may require that a covered person pay a higher co-payment
24 only if the higher co-payment results from increased costs caused by the use of a non-network
25 provider. The carrier shall provide an actuarial demonstration of the increased costs to the
26 division of health care finance and policy at the commissioner's request. If the increased costs
27 are not justified, the commissioner shall require the carrier to recalculate the appropriate costs
28 allowed and resubmit the appropriate co-payment to the division of health care finance and
29 policy.

30 (3) No additional charges, costs or deductibles may be levied due to the exercise of the
31 out-of-network option. The amount of any additional co-payment charged by the carrier for the
32 additional cost of the creation and maintenance of coverage described in subsection (1) of this
33 section shall be paid by the covered person unless it is paid by an employer or other person
34 through agreement with the carrier.

35 SECTION 4. Subsection (e) of section 15 of said chapter 176O, as so appearing, is
36 hereby amended by striking out, in lines 37-38, the words “that could have been imposed if the
37 provider had not been disenrolled;” and inserting the following words:- permitted under this
38 section;

39 SECTION 5. Subsection (e) of section 15 of said chapter 176O, as so appearing, is
40 hereby further amended by striking out, in line 45, the word “remained” and inserting the
41 following words:- had been